

Best Available Copy

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 719015	RECEIPT DATE:	12 / 06 / 00
IA NUMBER:	PCT/ JP00 / 02291	IA FILING DATE:	04 / 07 / 00
FAMILY NAME:	ISHIBASHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	YOSHIHITO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 09 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	450108-02585	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	WILLIAM S FROMMER		
	FROMMER LAWRENCE & HAUG		
STREET:	745 FIFTH AVENUE		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	10151
EMAIL:			
APPLICATION TITLES:			
	INFORMATION PROCESSING APPARATUS, INFORMATION PROCESSING METHOD, AND P		
	ROVIDING MEDIUM		

TAB TO LAST POSITION,PUSH SEND

Best Available Copy



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/719,015	FILING DATE 12/06/2000 RULE -	CLASS 713	GROUP ART UNIT 2182	ATTORNEY DOCKET NO. 450108-02585
APPLICANTS Yoshihito Ishibashi, Tokyo, JAPAN; Tomoyuki Asano, Kanagawa, JAPAN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/02291 04/07/2000				
** FOREIGN APPLICATIONS ***** JAPAN 11-103339 04/09/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/03/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>Breda 3/4</u> <u>BA</u> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 65	TOTAL CLAIMS 7 INDEPENDENT CLAIMS 6
ADDRESS William S Frommer Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151 <i>Customer # 20999</i>				
TITLE Information processing device and method, and providing medium				
FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	